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FEC FORM 1	STATEMENT OF ORGANIZATION							Office Use Only						
1. NAME OF COMMITTEE (i	n full)	(Check if nar is changed)		example:		type	12	2FE4	:M5					
Kennamet	al Inc.	Employees	for Ef	fecti	ve G	ove	rnm	en	t	1 1		1 1	1 1	ı
ADDRESS (number a	and street)	1600 Technology Wa	ay 											
(Check if address is changed)		Latrobe					L P	A	15	650		-		
			CITY	,			STA	ATE			ZIP C	ODE		
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only erica.wright@kennar		address)										
COMMITTEE'S WEE	B PAGE ADD	RESS (URL)												
(Check if is change														
2. DATE 1	M / D 31	2011												
3. FEC IDENTIFI	CATION NU	MBER	C C00409	9938										
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDE	ED (A)								
I certify that I have	examined thi	s Statement and to th	e best of m	ny knowle	edge and	d belief	it is tru	ie, coi	rrect ar	nd con	nplete.			
Type or Print Name	of Treasurer	Erica Clayton Wright	t											
Signature of Treasur	Erica Cl	ayton Wright		[Elec	tronically	Filed]	Date		10	/ D	31	2	2011	Υ
NOTE: Submission of		ous, or incomplete infor								e pena	Ities of	2 U.S.	C. §437	'g.

Office			For further information contact:	FEC FORM 1	
Use			Federal Election Commission Toll Free 800-424-9530	(Revised 02/2009)	
 Only			Local 202-694-1100	(Revised 02/2009)	_